



SECRETARY OF STATE  
**KEVIN SHELLEY**  
STATE OF CALIFORNIA

August 6, 2004

**Election Assistance for Individuals with Disabilities (EAID)  
Grant Program – Request for Application**

In accordance with the requirements of Title II, Subtitle D, Part 2  
Section 261 of the Help America Vote Act (42 U.S.C. 15461)

**Introduction**

The California Secretary of State has received \$1,371,756 in grant funds for fiscal year 2003 from the Department of Health and Human Services, Administration for Children and Families (ACF), Election Assistance for Individuals with Disabilities (EAID), Administration on Developmental Disabilities (ADD) under Section 261 of the Help America Vote Act (HAVA). These funds provide for improving accessibility to and participation in the elections process for individuals with the full range of disabilities. As California's Chief Elections Official, the Secretary of State will oversee the grant process.

**EAID Grant Program**

The California Secretary of State has developed the EAID Grant Program and is distributing this Request for Application (RFA) to interested parties. We invite County Elections Officials (CEO's) and Community Based Organizations (CBO's - applying in conjunction with CEO's), to submit their applications to improve accessibility and participation for individuals with the full range of disabilities. The EAID Grant Program is a competitive process.

The grant funds will be evaluated by the Secretary of State, in conjunction with the advisory Committee on Accessible Voting (CA Voting)<sup>1</sup> established by the Secretary of State. The requirements for the EAID Grant Program set forth below must be followed. All funding and expenditures are subject to state and federal audit requirements.

**Use of Grant Funds**

Some portion of the grant funds must be used for one or more of the following activities:

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<sup>1</sup> See Appendix A for information on the Committee for Accessible Voting

1. Polling Place Accessibility - Make polling places, including the path of travel, entrances, exits, and voting areas of each polling facility, accessible to individuals with the full range of disabilities.
2. Equal Opportunity - Provide the same opportunity for access and participation (including privacy and independence) to individuals with the full range of disabilities as for other voters.
3. Accessibility Training - Train elections officials, poll workers, and election volunteers on how best to promote the access and participation of individuals with the full range of disabilities in elections for Federal office.
4. Access Information - Provide individuals with the full range of disabilities with information about the accessibility of polling places.
5. Rural Access – Serve the voting accessibility needs of individuals with the full range of disabilities who live in rural areas of the state.

The applicant is required to prepare an Accessibility Program Plan that describes the proposed use of grant funds in one or more of the five categories above, timelines for completion and cost associated with each category.

### **Maximum Amount Available**

\$274,351.00 is available for each category listed above. The EAID Grant Program is entirely supported with Federal funds.

### **Application Deadline**

All required documents below must be postmarked by August 27, 2004 addressed to: California Secretary of State's Office, Elections Division, EAID Grant Program, 1500 – 11<sup>th</sup> Street, Sacramento, CA 95814, Attention: Debbie Parsons. Applications may not be sent via fax or email.

### **Timeline**

August 6, 2004	EAID Grant Program Announcement
August 27, 2004	EAID Grant Program Application Deadline
September 10, 2004	Proposed Award Date

### **Requirements – EAID Grant Program**

The applicant must complete the following attached documents. The documents are required to be submitted together by the application deadline identified above. In the event an application lacks the required documents or the documents are incomplete the application will be rejected:

- A. Applicant Information Sheet: Applicant contact information.
- B. Accessibility Program Plan: The applicant shall include a detailed and descriptive Accessibility Program Plan. Describe proposed use of grant funds in one or more of the five categories, timelines for completion and cost associated with each category. The Accessibility Program Plan must be in Times New Roman 14 point type and may not exceed five pages.
- C. Application Funding Request: The Accessibility Program Plan shall be accompanied by a Funding Request for the purpose of this EAID Grant Program.
- D. Certification signed by the CEO (and when applicable, the CBO): Applicant must certify that grant funds will only be used for improving accessibility and participation by individuals with the full range of disabilities and agree to provide, upon request of grantor, receipts and such other records of expenditures that demonstrate allowed use of funds.

### **Review of Applications**

The Office of the Secretary of State will submit the applications to the CA Voting to review the applications and make recommendations for funding of specific activities and programs. Funds will be distributed to CEO's and CBO's on the Proposed Award Date of September 10, 2004.

### **Reporting of Grant Funds Received**

All CEO's and CBO's that receive grant funds are required to report to the California Secretary of State on the expenditure of funds pursuant to this program. All expenditures must be specified and well documented and a detailed report of all funding will be required.

### **Point of Contact**

The point of contact for the EAID Grant Program is:

John Mott-Smith		Debbie Parsons
Chief, Elections Division	– or –	Elections Analyst

California Secretary of State's Office  
1500 –11<sup>th</sup> Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
Phone (916) 657-2166

For contact information on County Elections Officials, please visit:

[www.ss.ca.gov/elections/elections\\_d.htm](http://www.ss.ca.gov/elections/elections_d.htm)

## Appendix A

### Committee on Accessible Voting

Secretary of State Kevin Shelley appointed the Committee on Accessible Voting (CA Voting) comprised of local county elections officials, representatives of the disability community, and Secretary of State staff. Members of CA Voting include:

**Ardis Bayzn, Bayzn Communications, Owner**

Robert Planthold, Voting Outreach Coordinator CIAPA (Consumers in Action for Personal Assistance)

Tim Johnson, County of Tuolumne, County Clerk/Auditor-Controller

Sally Pujol, County of Sacramento, Election Manager

Jula Keh, County of Los Angeles, Coordinator, Voters with Specific Needs

**Debra Martin, County of Los Angeles, Division Manager,**

**Pollworker Services Division**

Mark Vargas, Secretary of State's Office

Marc Carrel, Secretary of State's Office

Tony Miller, Secretary of State's Office

## **Applicant Information Sheet**

### **Name of County (or Community Based Organization):**

*If Community Based Organization (CBO) is submitting application, CBO must obtain County sponsorship and complete County Information below. County must be the fiscal agent for any grant funds awarded.*

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### **County Information (if CBO submitting application):**

Name of County: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### **Contact Person's Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Accessibility Program Plan

**Applicant is required to complete a detailed and descriptive Accessibility Program Plan. Please answer the following questions and include in your Accessibility Program Plan:**

- 1. What activities/improvements do you intend to make?**
- 2. Why are these improvements necessary?**
- 3. How will these improvements help individuals with the full range of disabilities improve existing conditions?**
- 4. Who do you propose will do the work?**
- 5. What is the total amount requested?**
- 6. What is the cost associated with each category?**
- 7. What is your timeline?**

Application Funding Request  
**EAID Grant Program FY 2003**

**County Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Funding Request:

\$ \_\_\_\_\_

Secretary of State Use Only:

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_

Signed: \_\_\_\_\_  
(County Elections Official or Authorized Representative  
Community Based Organization)

Date: \_\_\_\_\_

## **Certification**

I certify that grant funds will only be used for improving accessibility and participation by individuals with the full range of disabilities and agree to provide, upon request of grantor or the grantor's designee, receipts and such other records of expenditures that demonstrate allowed use of funds.

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Signature (County Elections Official)

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Date

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Printed Name (County Elections Official)

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Name of County

*If Community Based Organization (CBO) is submitting application, CBO must obtain sponsorship and the County Elections Official must sign above. County must be the fiscal agent for any grant funds awarded.*

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Signature (Authorized Representative Community Based Organization)

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Date

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Printed Name (Authorized Representative Community Based Organization)

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Name of Community Based Organization